

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09811360

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24	1					
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32		1				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42	1					
43						
44		4				
45		4				
46		4				
47	1					
48		1				
49		1				
50	1					
TOTAL IND.	11					
TOTAL DEP.		63				
TOTAL CLAIMS	74		72			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				4		
52				4		
53				4		
54			1			
55				1		
56						
57						
58						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			12			
TOTAL DEP.				76		
TOTAL CLAIMS			88			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS